## UNITED STEES PATENT & TRADEMARK OFFI Washington, D.C. 20231

| REQUEST FOR PATENT FI                  | E REFUND                  |                                |   |  |
|--|---------------------------|--------------------------------|---|--|
| 1 Date of Request: 2 Ser               | Carried (Potent # Alines) |                                |   |  |
| 3 Please refund the following fee(s):  | 4 PAPER<br>NUMBER         | 5 DATE<br>FILED                | 6 AMOUNT  |  |
| Filing                                 |                           |                                | \$  |  |
| Amendment                              |                           |                                | \$  |  |
| Extension of Time                      |                           |                                | \$  |  |
| Notice of Appeal/Appeal                |                           |                                | \$  |  |
| Petition                               |                           |                                | \$  |  |
| Issue                                  |                           |                                | \$  |  |
| Cert of Correction/Terminal Disc.      |                           |                                | \$  |  |
| Maintenance                            |                           |                                | \$  |  |
| Assignment                             |                           |                                | \$  |  |
| Other                                  |                           |                                | \$  |  |
|  | 7 TOTAL<br>OF RE          | 7 TOTAL AMOUNT<br>OF REFUND \$ |   |  |
|  | 8 TO BE                   | REFUNDED :                     | BY:   |  |
| 10 REASON:                             |                           | Treasury Check                 |   |  |
| Overpayment                            |                           | Credit Der                     | posit A/C #:  |  |
| Duplicate Payment                      | 9                         |                                |   |  |
| No Fee Due (Explanation):              |                           |                                |   |  |
|  |                           |                                |   |  |
|  |                           |                                |   |  |
|  |                           |                                |   |  |
| 11 REFUND REQUESTED BY:                |                           |                                |   |  |
| TYPED/PRINTED NAME:                    |                           | TITLE:                         |   |  |
| SIGNATURE:                             | PHONE:                    |                                |   |  |
| <del></del>                            | ,                         | ****                           | ****  |  |
| ************************************** | NLY:                      |                                | 7/2665 PKIDWELL<br>BURBU37 050225 10519298<br>1.00 CR |  |
| APPROVED:                              | _ DATE:                   |                                |   |  |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

FORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B